

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047679

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

209

Primary Registration District No.

3043

Registrar's No.

455

STATE FILE NUMBER

FILED JAN 9 1963

1. PLACE OF DEATH

a. COUNTY

Marion

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Hannibal

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Ralls

Inside Limits

Yes ☐ No ☐c. CITY
OR TOWN

Hannibal

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Levering Hospital

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

3905 Market

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

AVERY

Middle

EDWARD

Last

LENNOX

4. DATE
OF DEATH

Month

Day

Year

December 31, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Nov. 3, 1899

9. AGE (last birthday)

63

IF UNDER 1 YEAR

Months

Days

Hours

Min.

1

28

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

Rubber Plant

11. BIRTHPLACE (City and state or country)

Ralls County Mo.

12. CITIZEN OF WHAT COUNTRY

U S A

13a. FATHER'S NAME

Charles Henry Lennox

13b. MOTHER'S MAIDEN NAME

Susan M. Fly

14. NAME OF HUSBAND OR WIFE

Armilda Harding (Dec.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Edgar Hafner Kansas City Mo.

18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Ventricular Fibrillation

INTERVAL BETWEEN
ONSET AND DEATH

10 min.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Atherosclerotic Heart Disease

8 yrs.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Chronic Bronchitis & Pulmonary Emphysema

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

J. L. Brown

and last saw her

him alive on

Death occurred at

D O A 11:00 P

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Hannibal, Missouri

22c. DATE SIGNED

1/2/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

1/4/1963

23c. NAME OF CEMETERY OR CREMATORY

Grand View Burial Park

23d. LOCATION (City, town, or county)

Hannibal Missouri

24. FUNERAL DIRECTOR

Smith Funeral Home

Hannibal Mo

25. DATE RECD. BY LOCAL REG.

Jan. 4, 1963

26. REGISTRAR'S SIGNATURE

Dr. E. M. Rucke by Lillian M. Herman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300

Rev. 4/59

10648

20978

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John S. Ward

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit renewed 1/4/63